

CUSTOMER INFORMATION SHEET

SI NO	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER																				
1.	Name of Insurance Product/ Policy	Saral Suraksha Bima, IndusInd General																					
2.	Policy Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX																					
3.	Type of Insurance Product/ Policy	Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)																					
4.	Sum Insured (Basis)	Dynamic as per plan opted on the basis of cover opted (Table of Benefits).																					
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5.	Policy Coverages	<p>1. Base Covers:</p> <p>a. Accidental Death - Benefit equal to 100% of the Sum Insured shall be payable on death of Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.</p> <p>b. Permanent total Disablement due to accident - Benefit equal to 100% of Sum Insured shall be payable, if an insured Person suffers Permanent Total Disablement solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident</p> <p>c. Permanent Partial Disablement due to accident - Benefit equal to 100% of Sum Insured shall be payable, if an insured Person suffers Permanent Total Disablement solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident</p> <p>2. Optional Covers:</p> <p>a. Temporary Total Disablement: If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), the company shall pay the benefit as specified in the policy schedule, till the time the insured person is able to return to work, provided that:</p>																					



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IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

Saral Suraksha Bima, IndusInd General. UIN No.: RELPAIP21641V012021. IGI/MCOM/CO/2955/SSBIG-CIS/Ver.1.0/140924



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- (i) The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
- (ii) the compensation payable under this benefit mentioned under Section 4.2(a) shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Sum Insured.
- (iii) The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident.

b. Hospitalization Expenses due to Accident - Medical expenses incurred for hospitalisation arising due to accident during the policy period shall be indemnified, up to the limit of 10% of the base sum insured

c. Education Grant - One time education grant of 10% of the base sum insured is payable per child, on the Death or Permanent Total Disablement of the insured person

6. Exclusions

Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:

The Company shall not be liable to make any payments under this policy in respect of:

- (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - a. From intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - b. Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;
 - c. Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. (Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;)
 - d. Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.



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	<p>(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:</p> <ol style="list-style-type: none"> Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. Nuclear weapons material The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. Nuclear, chemical and biological terrorism <p>(v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law</p>																													
<p>7. Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage. 	Not applicable																													
<p>8. Financial limits of coverage : Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>Sub-limit Permanent Partial Disability:</p> <table border="1"> <thead> <tr> <th>1. Loss Covered</th> <th>Percentage of Capital Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Loss of Use/ Physical Separation: One entire hand</td> <td>50%</td> </tr> <tr> <td>One entire foot</td> <td>50%</td> </tr> <tr> <td>Loss of Sight of one eye</td> <td>50%</td> </tr> <tr> <td>Loss of toes - all</td> <td>20%</td> </tr> <tr> <td>Great both phalanges</td> <td>5%</td> </tr> <tr> <td>Great - one phalanx</td> <td>2%</td> </tr> <tr> <td>Other than great if more than one toe lost</td> <td>1%</td> </tr> <tr> <td>2. Loss of Use of both ears</td> <td>50%</td> </tr> <tr> <td>3. Loss of Use of one ear</td> <td>20%</td> </tr> <tr> <td>4. Loss of four fingers and thumb of one hand</td> <td>40%</td> </tr> <tr> <td>5. Loss of four fingers</td> <td>35%</td> </tr> <tr> <td>6. Loss of thumb both phalanges one phalanx</td> <td>25% 10%</td> </tr> <tr> <td>7. Loss of Index finger - three phalanges two phalanges one phalanx</td> <td>10% 8% 4%</td> </tr> </tbody> </table>		1. Loss Covered	Percentage of Capital Sum Insured	Loss of Use/ Physical Separation: One entire hand	50%	One entire foot	50%	Loss of Sight of one eye	50%	Loss of toes - all	20%	Great both phalanges	5%	Great - one phalanx	2%	Other than great if more than one toe lost	1%	2. Loss of Use of both ears	50%	3. Loss of Use of one ear	20%	4. Loss of four fingers and thumb of one hand	40%	5. Loss of four fingers	35%	6. Loss of thumb both phalanges one phalanx	25% 10%	7. Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
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	<p>8. Loss of middle finger - three phalanges 6% two phalanges 4% one phalanx 2%</p> <p>9. Loss of ring finger - three phalanges 5% two phalanges 4% one phalanx 2%</p> <p>10. Loss of little finger - three phalanges 4% two phalanges 3% one phalanx 2%</p> <p>11. Loss of metacarpus - first or second (additional) 3% third, fourth or fifth (additional) 2%</p> <p>12. Any other permanent partial Percentage as assessed by the independent Medical Practitioner</p>
Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).	Not applicable
Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not applicable
Any other limit (as applicable)	Not applicable
9. Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post Hospitalisation.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility) - 6 hours TAT for cashless final bill authorization: - 6 hours</p> <p>TAT for Reimbursement:</p> <ul style="list-style-type: none"> TAT (Claim doc. received date to payment for Non- Investigated cases): 30 Days

	<ul style="list-style-type: none"> • TAT (Claim doc. received date to payment for Investigated cases): 45 Days <p>Web link for following:</p> <ol style="list-style-type: none"> 1. Network Hospital details IndusInd General Insurance Locator rgi-locator.appspot.com) 2. Helpline number +91 22 4890 3009 (Paid number) 3. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.indusindinsurance.com/downloads/Black_List_Hospital.pdf 4. Downloading/getting claim forms https://www.indusindinsurance.com/insurance/claims/claim-page-health.aspx
10. Policy Servicing:	<p>Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited</p> <p>Correspondence Address – IndusInd General Insurance., Winway Building 2nd & 3rd Floor, 11/12 Block No-4, Old no-67, South Tukoganj, Indore (M.P) - 452001. Contact No.- +91 22 4890 3009 (Paid Number)</p>
11. Grievances/ Complaints	<ol style="list-style-type: none"> a. Details of Grievance redressal officer refer the link (https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx) a. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided by below link. https://www.indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx a. IRDAI Integrated Grievance Management System https://igms.ir-da.gov.in/
12. Things to Remember	<p>Free Look Cancellation: The Free look period Shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The Insured Person shall be allowed Free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <ol style="list-style-type: none"> i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or i. Where the risk has already commenced and the option of return lot the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or i. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or noncooperation, renewal of your policy shall inot be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us (subject to underwriting guidelines of company) or port your policy to another insurer</p>

Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for migration of the Policy atleast 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration

Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in Waiting Periods as per IRDAI guidelines on portability

Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion

Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

13. Your Obligations: Please disclose all pre-existing disease's or condition's before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.) Insurer to specify the material information

The enclosed Customer Information Sheet bearing reference number CIS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX is essential part of your policy schedule, Kindly review it carefully.

Declaration by the Policy Holder;
I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note:
In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

